

KATHY B. SPURLOCK, LPC  
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## PROFESSIONAL DISCLOSURE STATEMENT

April 6, 2018

### **Qualifications**

I received a Bachelors of Science Degree in Social Work from North Carolina State University in 1984 and a Masters of Science Degree (MSEd) in Guidance and Counseling at Old Dominion University, in 1993. I am currently credentialed as a Licensed Professional Counselor, License # 3570. I have been licensed in the state of NC since July, 2000 and previously practiced in the state of VA. I have been a practicing counselor for 20 plus years.

### **Counseling Background**

I work with children ages 6 through adult, although my focus is with middle school age children, teenagers and women. My theoretical orientation is eclectic and some of the specific types of therapies I often utilize include, dialectical behavioral therapy (DBT), Somatic Experiencing (SE), cognitive behavioral therapy (CBT), sand-tray, play therapy, client centered, Emotional Freedom Technique, eye movement desensitization and reprocessing (EMDR), solution focused, and expressive therapy. However, I also utilize techniques from other orientations as well. I have received advanced training in the areas of DBT, Sand-play, and trauma. My specialties lie in the areas of anger management and emotion regulation, trauma, physical and sexual abuse, adult ADHD issues, relationship issues, depression, anxiety, domestic violence, self harming behaviors, and OCD.

### **Session Fees and Length of Service and payments**

Initial intake sessions are typically 60 minutes in length and subsequent sessions are generally 50 minutes. EMDR sessions may be up to 90 minutes and may require an additional fee, although this is dependent on insurance benefits.

#### **Fees are as follows:**

Initial Intake Session (90791)- \$140

Brief Individual Session (90834) - \$105

Family Session (90047) - \$115

Individual Session (90837) - \$125

There is a \$75 fee for appointments that you schedule but do not show for and a \$50 fee for appointments canceled without 24 hour notice.

When able and needed, I offer a sliding scale fee for individuals with no health insurance. This fee ranges between \$50 and \$90.

Preparation of forms and reports – This often requires chart review, clerical time, etc. the charge for this service is \$150 per hour with a minimum charge of \$35.

I accept insurance reimbursement from BCBS, UBH/UHC, Aetna, and several EAP programs. For co-pays, deductible fees and such, I can accept cash, checks, and credit card. For proper credit, please make checks payable to Kathy B. Spurlock, LPC. There is a \$30 fee for returned checks.

### **Use of Diagnosis**

Some health insurance companies will reimburse clients for counseling services and some will not. In addition, most will require that a diagnosis of a mental-health condition and indicate that you must have an “illness” before they will agree to reimburse you. Some conditions for which people seek counseling do not qualify for reimbursement. If a qualifying diagnosis is appropriate in your case, I will inform you of the diagnosis before we submit the diagnosis to the health insurance company. Any diagnosis made will become part of your permanent insurance records.

### **Confidentiality and Client Records**

Pursuant to HIPAA, I keep Protected Health Information about you in a clinical record, which includes: reasons for seeking therapy, a diagnosis, goals for treatment, progress toward those goals, medical and social history, any past treatment records I receive from other providers, reports of any professional consultations, your billing records and any reports or letters that I have sent to others. Upon request you may examine or receive a copy of your clinical record by making a written request. However, because these are professional records and can be misinterpreted and/or upsetting to untrained readers, I recommend that you initially read them in my presence. I will keep confidential anything you say as part of our counseling relationship, with the following exceptions: (a) you direct me in writing to disclose information to someone else, (b) it is determined you are a danger to yourself or others (including child or elder abuse), or (c) I am ordered by a court to disclose information.

### **Complaints**

I assure you that my services will be rendered in a professional manner consistent with accepted legal and ethical standards. If at any time, you are dissatisfied with my services, I encourage you to discuss any concerns with me. If I am unable to resolve your concerns you may file a complaint with the organization listed below. I abide by the ACA Code of Ethics (<http://www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx>).

#### **N C Board of Licensed Professional Counselors**

PO Box 77819  
Greensboro, NC 27417  
(844) 622-3572

### **Acceptance of Terms**

We agree to these terms and will abide by these guidelines.

**Client:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Counselor:** \_\_\_\_\_ **Date:** \_\_\_\_\_